



# Request for Medical Exemption from Testing

## FORM 2: PARENT/GUARDIAN CONSENT FORM

**District Directions:** Give this form to the parent/guardian of the student. Once signed, retain with the student's records. Do not send this form to RIDE.

**Parent/Guardian Directions:** Please read and complete this form and return it to your child's school or district office.

Student Name (print): \_\_\_\_\_

I have consulted with the school or district regarding the request to exempt my child from the \_\_\_\_\_ **assessments.**

I understand that this means I will have either no test scores or partial test scores, depending on circumstances, for my child for the exempted assessment(s). By signing this request, I acknowledge that:

1. I **WAS** (or) **WAS NOT** (*circle one*) involved in the decision for the district to seek an exemption for my child from the statewide assessment.
2. I **DO** (or) **DO NOT** (*circle one*) give permission for the for the district to submit this exemption request to the Rhode Island Department of Education, Office of Curriculum, Instruction, and Assessment, for review.

\_\_\_\_\_  
Parent/Guardian Full Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date